



**Supportive Housing In Peel
Application Form
HASP, SHIP, SHEY, Peace Ranch**

Last Name	First Name	M	DOB	D	Y	F	Gender	M	Other	Marital Status		
Health Card Number	SIN	Canadian Citizen		Landed Immigrant		Refugee		Sponsored				
Address		Apt/Unit #		City				Postal Code				
Do you require and/or would like support in a language other than English?										Yes <input type="checkbox"/>	No <input type="checkbox"/>	Specify: _____
Contact Telephone Number(s)												
Home	() _____	Business	() _____	Ext: _____								
Family/Friend Home	() _____	Business	() _____	Ext: _____								
Psychiatrist	Dr.: _____	() _____	Ext: _____									
Family Doctor	Dr.: _____	() _____	Ext: _____									
Social Worker/ Case Manager	_____	() _____	Ext: _____									
Substitute Decision Maker	_____	() _____	Ext: _____									
Referral Source (Check Off)												
<input type="checkbox"/> Self	<input type="checkbox"/> Family/ Friends	<input type="checkbox"/> Hospital	<input type="checkbox"/> Doctor	<input type="checkbox"/> Case Manager	<input type="checkbox"/> Discharge Planner	<input type="checkbox"/> Crisis Response	<input type="checkbox"/> Psychiatrist					
Name: _____			Organization _____				Number: _____					
<p>Please have this portion completed by your PSYCHIATRIST or FAMILY DOCTOR who is actively managing your treatment for mental health (If you are not under care of a Psychiatrist or family doctor but have been admitted to a hospital for treatment of your mental health illness, complete the attached Consent to Disclose form permitting Central Intake to obtain a psychiatric verification on your behalf.)</p>												
Serious & Persistent Mental Health Diagnosis:		Axis 1 - _____										
GAF - _____		Axis 2 - _____										
Dual Diagnosis <i>(Intellectual disability & mental illness)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No										
Addiction (Active, Controlled or in Remission) <i>(Circle whether active, controlled or in remission)</i>	<input type="checkbox"/> Alcohol	<input type="checkbox"/> Drugs	<input type="checkbox"/> Gambling	<input type="checkbox"/> Not Applicable								
Suicide attempt in the past 2 years	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, date of last attempt: _____									
Self-Harm behaviour in the past 2 years	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, date of last incident: _____									
Issue with Aggression or Anger Management	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Explain: _____									
Sexually inappropriate behaviour	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, date of last incident: _____									
Recent Mental Health hospitalization	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, how many in past 2 years: _____									
Where was the last Hospital Admission? _____												
Level of Case Management support required	<input type="checkbox"/> Minimum	<input type="checkbox"/> Moderate	<input type="checkbox"/> High									
Medication Compliant	<input type="checkbox"/> Yes	<input type="checkbox"/> No										
Age of Onset of Mental Illness	_____				Age of First Psychiatric Hospitalization	_____						
<div style="display: flex; justify-content: space-between;"> _____ _____ _____ _____ </div>												
Doctor's Stamp or Signature			Phone Number			Month		Day		Year		

Have you previously APPLIED for SHIP, HASP, SHEY or Peace Ranch housing? Yes No

Have you previously LIVED in SHIP, HASP, SHEY or Peace Ranch housing? Yes No

Have you had any Criminal Offences in the past one (1) Year Yes No

If YES, complete below:

Present Status with the Justice System:

- | | |
|---|--|
| <input type="checkbox"/> No Legal Involvement | <input type="checkbox"/> Charges withdrawn |
| <input type="checkbox"/> Stay of Proceedings | <input type="checkbox"/> Peace Bond |
| <input type="checkbox"/> Court Diversion | <input type="checkbox"/> Conditional Discharge |
| <input type="checkbox"/> On Bail-Awaiting Trial | <input type="checkbox"/> Time Served |
| <input type="checkbox"/> Awaiting Sentence | <input type="checkbox"/> Conditional Sentence |
| <input type="checkbox"/> Incarcerated | <input type="checkbox"/> Custodial Sentence |
| <input type="checkbox"/> Unfit to Stand Trial | <input type="checkbox"/> Probation |
| <input type="checkbox"/> Restraining Order | <input type="checkbox"/> Ontario Review Board |
| <input type="checkbox"/> CTO | <input type="checkbox"/> Other: _____ |

Please note: the above information will not be used against you in your housing application. This information will help to determine if you are eligible for the Supportive Housing option with the Mental Health and Justice program.

If you are currently involved in the criminal justice system, we ask that you read and sign the attached Canadian Police Information Centre (CPIC) Authorization Form as part of the Intake process. See Page 4.

Name of Parole/Probation Officer:	Organization	Number:
Name of Court Diversion Worker:	Organization	Number:

Highest Level of Education

- | | |
|---|--|
| <input type="checkbox"/> Some Elementary / Junior High School | <input type="checkbox"/> Elementary / Junior High School |
| <input type="checkbox"/> Some Secondary / High School | <input type="checkbox"/> Secondary / High School |
| <input type="checkbox"/> Some College / University | <input type="checkbox"/> College / University |
| <input type="checkbox"/> No Formal Schooling | <input type="checkbox"/> Other: _____ |

- Current Living Situation**
- | | | |
|---|--|--|
| <input type="checkbox"/> Shelter | <input type="checkbox"/> Living with family or friend but would like to live independently | |
| <input type="checkbox"/> Incarcerated | <input type="checkbox"/> At risk of losing housing | <input type="checkbox"/> Renting with no risk of losing housing |
| <input type="checkbox"/> No Fixed Address | <input type="checkbox"/> Own Home | <input type="checkbox"/> Evicted from housing (must submit copy of Eviction Notice) |

Reason for Risk of losing Housing _____

If renting, **WHAT IS YOUR CURRENT MONTHLY RENT? (submit copy of last month rental/mortgage receipt)** \$ _____

If found eligible for the waitlist, do you require OUTREACH Support in the interim? Yes No

Applicant Income

- | | | | | |
|---|---|------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Ontario Works | <input type="checkbox"/> ODSP | <input type="checkbox"/> CPP | <input type="checkbox"/> Retirement Pension | <input type="checkbox"/> LTD |
| <input type="checkbox"/> Old Age Security | <input type="checkbox"/> Child Support | <input type="checkbox"/> Alimony | <input type="checkbox"/> Employment Insurance | <input type="checkbox"/> Student Loan |
| <input type="checkbox"/> Part time employment | <input type="checkbox"/> Full time employment | <input type="checkbox"/> No Income | <input type="checkbox"/> Other (specify) _____ | |

HOW MANY MEMBERS OF YOUR HOUSEHOLD CONTRIBUTE TO THE HOUSEHOLD INCOME: 1 2 3 4 5
(Submit copy of income verification copies of each household member that will be residing with you)

TOTAL MONTHLY HOUSEHOLD INCOME \$ _____

Housing Options (one housing option only)

Housing locations chosen must be within the region of your supports (family, case worker, doctors)

Independent Living Units

Unit Preference (indicate 1st and 2nd Unit choice)

- Apartment Unit Bachelor Mature Adult Building – 50 and older

Location(s) Preference (indicate 1st and 2nd Location choice):

- | | | |
|-----------------|--------------------|------------------|
| () Mississauga | () Etobicoke/York | () Orangeville |
| () Brampton | () Rexdale | () Shelburne |
| () Caledon | | () Grand Valley |
| () Malton | | |

Group Homes (8 residents per home – 1 room per resident)

- SHIP Group Home - Mississauga SHIP Group Home - Brampton
- Peace Ranch – (10 residents / 1 room per resident – MUST have a diagnosis of Schizophrenia)

Do you require a wheel chair accessible unit: Yes No

Household members (includes only those who will reside with you)

Copy of Citizenship or Immigration status must be provided for each member of the household

- | | | | | | | | | |
|----|------------------|-------------------|---------------|---|----------------------------|----------------|------------|-----------|
| 1. | _____ | _____ | _____ | M | _____ | _____ | _____ | _____ |
| | <i>Last Name</i> | <i>First Name</i> | <i>Middle</i> | F | <i>Date of Birth M/D/Y</i> | <i>Student</i> | <i>Yes</i> | <i>No</i> |
| 2. | _____ | _____ | _____ | M | _____ | _____ | _____ | _____ |
| | <i>Last Name</i> | <i>First Name</i> | <i>Middle</i> | F | <i>Date of Birth M/D/Y</i> | <i>Student</i> | <i>Yes</i> | <i>No</i> |
| 3. | _____ | _____ | _____ | M | _____ | _____ | _____ | _____ |
| | <i>Last Name</i> | <i>First Name</i> | <i>Middle</i> | F | <i>Date of Birth M/D/Y</i> | <i>Student</i> | <i>Yes</i> | <i>No</i> |

Do you have custody of the children Yes No If you have a visitation agreement, what is the arrangement?

What are your Areas of Difficulty – Past or Present?

This section is intended to determine your needs in housing and support.

- | | | | |
|------------------------------|-----------------------------|---|-------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Suicide threats/attempts | _____ |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Drug/Alcohol Addictions | _____ |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Physical Violence towards family / others | _____ |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Verbal abuse toward family / others | _____ |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Sexually inappropriate behaviour towards others | _____ |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Fire setting | _____ |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Careless smoking | _____ |

What Type(s) of support do you need? *Check off the level of support you need in the following and provide details.*

- | | | | | |
|------------|------------|-------------|----------------------------|-------|
| None _____ | Some _____ | A lot _____ | Managing medication: | _____ |
| None _____ | Some _____ | A lot _____ | Managing money: | _____ |
| None _____ | Some _____ | A lot _____ | Doing household chores: | _____ |
| None _____ | Some _____ | A lot _____ | Preparing meals: | _____ |
| None _____ | Some _____ | A lot _____ | Grocery shopping: | _____ |
| None _____ | Some _____ | A lot _____ | Using transportation: | _____ |
| None _____ | Some _____ | A lot _____ | Using community resources: | _____ |
| None _____ | Some _____ | A lot _____ | Crisis management: | _____ |

Declaration of the Applicant

To the best of my knowledge I have provided accurate information in support of my application for Supportive Housing.

x

Applicant's Signature _____ *Month* *Day* *Year*

x

Advocate/Person Assisting Signature _____ *Month* *Day* *Year*

Advocate/Person Assisting Phone Number _____ *Address* *City* *Postal Code*

PLEASE READ AND SIGN THE AUTHORIZATION BELOW ONLY IF YOU HAVE RECENTLY BEEN INVOLVED WITH THE CRIMINAL JUSTICE SYSTEM.



Supportive Housing In Peel

Mental Health and Justice

CPIC AUTHORIZATION

I, _____ authorize the administration of the Canadian Mental Health Association (CMHA) to conduct a police history check (CPIC) into my background. I understand that this will be completed in a confidential manner and is part of the assessment process for the Mental Health & Justice Services of the Canadian Mental Health Association Peel Branch and Supportive Housing In Peel.

Surname:	
Driver's License Number:	
First Name:	Middle Name(s):
Date of Birth:	Maiden Name:

Day Month Year

Signature _____

Dated _____

Applications submitted should be completed in full and returned to:

**Supportive Housing In Peel
Attention: Central Intake
969 Derry Rd. East, Unit 107
Mississauga, ON L5T 2J7**

CHECKLIST: Did you include the following with your Application?

- Consent to Disclose Personal Health Information** (signed and dated). *(Doctor, case manager, family member who are permitted to discuss applicant's information for the sole purpose of application for Supportive Housing)*
- Rental Receipt** (if paying rent)
- Eviction Notice** (where applicable)
- Income Receipt** (most recent)
- Copy of Citizenship, Landed Immigrant status, birth certificate**
- Custody Agreements** (if requesting additional bedrooms because you have legal custody/visitation rights, copy of the agreement must be attached)
- CPIC Authorization** (for those involved with the Criminal Justice System)

SHIP respects your privacy. The confidentiality of your personal health information is maintained through the consistent application of strict policies and procedures that are consistent with the requirements of current legislation. Your consent is required for your personal health information to be used for your care by SHIP staff or shared with anyone other than SHIP staff, where Ontario's privacy legislation allows. SHIP staff are available to explain our policy with regard to confidentiality.

Important Note

It is the policy of Central Intake to fully respect each applicant's confidentiality. However, there are limitations on our ability or obligations to maintain confidentiality, Central Intake is required to share information to the partnered agencies involved with determining eligibility for Supportive Housing, when your behaviour poses a threat of physical harm to yourself or someone else, or other legally required reporting situations.



Dear Applicant,

Please find enclosed the Central Intake information and application package, as you have requested. The package will outline the various housing and support services that are provided by Supportive Housing In Peel and ten partnering agencies in Peel Region and the Etobicoke/York area of Toronto. Through the partnership, Central Intake provides intake services to: Supportive Housing In Peel (SHIP), Housing and Support Peel (HASP), Supportive Housing in Etobicoke/York (SHEY), ACTT-CMHA/Peel, Peace Ranch and Dual Diagnosis - SAIL. Please refer to the enclosed brochure for more detailed program information.

The housing and support services are intended for persons over 16 years of age with a serious mental illness who require ongoing, permanent assistance to live successfully in the community. Housing always includes support.

To qualify, applicants must sign the consent form, complete the application, and arrange for a psychiatric report. **Please note that Central Intake must receive reports within six months of your date of application in order to be considered for Supportive Housing. If you fail to submit all of your reports, you will not be considered.**

Applicants will be placed on a wait list according to program. It is difficult to predict how long you can expect to wait because we do not know when there will be vacancies in the area in which you have selected.

In order to keep your place on the wait list please stay connected, and keep your application up to date. This means contact Central Intake right away if your contact information or housing situation changes. As well, notify us immediately if your housing preferences have changed. You will only get three offers of housing. As your name gets closer to the top of the wait list additional information and further proof of eligibility may be required.

Please send the **original** completed application and supporting documentation to:

Supportive Housing In Peel
Central Intake
969 Derry Road East, Unit 107
Mississauga, ON
L5T 2J7

Applicants have an opportunity to appeal decisions of ineligibility through an Internal Appeal Process. Please call Central Intake for more information.

Thank you for your interest!

Supportive Housing In Peel

Central Intake
969 Derry Road East, Unit #107, Mississauga, Ontario L5T 2J7 Canada
T 905 795 8742 F 905 795 1129 E intake@shipshey.ca

www.shipshey.ca



Supportive Housing **Your Consent to Share Information**

Central Intake is funded by the Ministry of Health and Long Term Care and administered by Supportive Housing In Peel. It provides access to the housing and support services of partnering agencies in the Region of Peel and Etobicoke/York. The partners, listed below, serve persons 16 and over with a serious mental illness (see the attached information sheet for admission requirements).

Brampton Caledon Community Living, Canadian Mental Health Association/Peel, Centre for Addiction & Mental Health (Dual Diagnosis Program), India Rainbow Community Services/ Peel, Kerry's Place Autism Services, Peace Ranch, Peel Addiction Assessment and Referral Centre, Reconnect Mental Health Services, Supportive Housing In Peel, and Trillium Health Centre.

It is the policy of Central Intake to fully respect your confidentiality. However, there are certain limits on our ability or obligation to maintain confidentiality:

1. In providing intake services: to determine eligibility (from your written application and face-to-face meetings); match your needs to appropriate support services; maintain a record; review your continuing interest and eligibility as you wait for housing; locate you through designated contacts when housing becomes available, ensure placement services and provide appeal, if desired.
2. In meeting legal requirements (e.g., if your file is subpoenaed or you are suspected of child abuse).
3. When your behaviour poses a threat of physical harm to yourself or someone else.

To qualify for supportive housing, you must give Central Intake of Supportive Housing In Peel consent:

1. To receive or access psychiatric and hospital reports that give information on your diagnosis and past mental health hospitalizations. You must submit a signed, witnessed, and dated Consent Form to obtain reports from a doctor, psychiatrist or hospital.
2. To share information, including psychiatric, hospital or other external reports, on an as-needed basis within and between the partnering agencies for the purpose of intake and, possibly, appeal services.
3. To telephone you and leave voice mail at the locations you designate in the application form.
4. To further determine your telephone number, location or continuing interest in service through the contact of persons you designate. Please do not include the names of family, friends, or workers that you do not wish us to call.
5. To continue this agreement until the intake service is completed or you no longer wish service.

SHIP respects your privacy. The confidentiality of your personal health information is maintained through the consistent application of strict policies and procedures that are consistent with the requirements of current legislation. Your consent is required for your personal health information to be used for your care by SHIP staff or shared with anyone other than SHIP staff, where Ontario's privacy legislation allows. SHIP staff are available to explain our policy with regard to confidentiality.

Your name (first/last): _____ **Birth date (M/D/Y):** _____

Your signature: _____ **Date (M/D/Y):** _____

Supportive Housing In Peel

969 Derry Road East, Unit #107, Mississauga, Ontario L5T 2J7 Canada
T 905 795 8742 F 905 795 1129 E intake@shipshey.ca

www.shipshey.ca

Consent to Disclose Personal Health Information
Pursuant to the Personal Health Information Protection Act, 2004 (PHIPA)

I, _____, authorize _____
(Print your name) *(Print name of health information custodian)*

to disclose

my personal health information consisting of:

Confirmation of Serious and persistent mental illness

(Describe the personal health information to be disclosed)

OR

the personal health information of _____
(Name of person for whom you are the substitute decision-maker)*

consisting of: _____

(Describe the personal health information to be disclosed)

to _____
(Print name and address of person requiring the information)

I understand the purpose for disclosing this personal health information to the person noted above. I understand that I can refuse to sign this consent form.

My Name: _____ Address: _____

Home Tel.: _____ Work Tel.: _____

Signature: _____ Date: _____

Witness Name: _____ Address: _____

Home Tel.: _____ Work Tel.: _____

Signature: _____ Date: _____

***Please note: A substitute decision-maker is a person authorized under PHIPA to consent, on behalf of an individual, to disclose personal health information about the individual.**

Central Intake – A Single Point of Access For:
Supportive Housing In Peel (SHIP) • Peace Ranch
Supportive Housing in Etobicoke/York (SHEY) • Housing and Support Peel (HASP)
FACT Peel+ • Mental Health & Justice • Assertive Community Treatment Teams (SHIP and CMHA/Peel)

Who Are We?

We are community-based housing, support programs and community Mental Health service providers. We provide supportive living environments for men and women who have an identified serious mental illness and who are assessed as needing supportive housing in the community. As well, we provide a continuum of specialized services, which range from case management to intensive support by multi-disciplinary teams.

Programs Available:

Clients are encouraged to have a productive and healthy lifestyle. The Housing and support programs provide good quality, safe and affordable housing. Support workers assist clients in setting daily routines, developing skills and enhancing relationships. Clients may also take part in a volunteer program in which they are assisted to reach their own life goals or assist others.

- Supportive Housing In Peel (SHIP)

Serving residents of the Region of Peel (Mississauga, Brampton and Caledon), SHIP is a supportive housing program providing two levels of support and a variety of housing options. The Independent Living Program provides flexible support from a community support worker. The Group Home Program provides 12-14 hours of on-site support, with overnight, on-call coverage.

- Peace Ranch

Peace Ranch is a community mental health agency on a small farm in the Caledon Hills. It provides housing to 10 adults (aged 18-65) with a diagnosis of schizophrenia who would benefit from 24-hour support and a daily routine with emphasis on rehabilitation. It is best suited to those individuals who have a desire to live in the country and who would enjoy working on the farm, in a garden and with animals. When there is a vacancy, applicants are assessed by a committee of staff and clients. Peace Ranch also offers a 3 day/week Day Program for adults with mental illness, funded by the United Way.

- Supportive Housing in Etobicoke/York (SHEY)

SHEY is a partnership between Reconnect Mental Health Services, Trillium Health Centre and Supportive Housing In Peel. Serving residents of Toronto, Etobicoke and York, SHEY provides support to individuals who are homeless or at imminent risk of becoming homeless. Housing includes single, bachelor, and family sized units in the areas of Etobicoke and York.

- Housing And Support Peel (HASP)

Serving residents of the Region of Peel, the partners of HASP provide support to individuals who are homeless or at imminent risk of becoming homeless. Housing includes single, bachelor, and family units.

The Partners of the Homelessness Initiatives (SHEY & HASP) are:

- Canadian Mental Health Association/Peel (CMHA/Peel)
- Centre for Addiction and Mental Health/Dual Diagnosis Program (CAMH)
- India Rainbow Community Services
- Peel Peel Addiction Assessment and Referral Centre (PAARC)
- Peace Ranch
- Reconnect Mental Health Services
- Supportive Housing In Peel (SHIP)
- Trillium Health Centre

- Mental Health & Justice

Serving those residing in the Region of Peel, this is a joint partnership with CMHA/Peel, providing support to individuals who are homeless or at imminent risk of becoming homeless and who have come into conflict with the law. Housing includes single, bachelor, and family units.

What Are Our Admission Requirements?

- Age 16 or over
- Diagnosed with a serious and persistent mental illness
- Assessed as needing and willing to work with a support service
- Having a source of income to meet financial requirements
- Having submitted a completed application form and psychiatric report
- Having consented to the sharing of information with partner agencies
- Having an established support system in the area in which the application is being made to (Peel or Etobicoke/York).
- For the **Homelessness Initiative**, applicants must be homeless or at imminent risk of homelessness.
- For the **Mental Health & Justice** Program applicants must be currently involved in the Criminal Justice system and the offence is considered low risk.
- For **Peace Ranch** group home, applicants must be age 18-65 and have an identified diagnosis of schizophrenia.

Other Programs

- FACT Peel+

The Early Intervention in Psychosis program, called FACT Peel+ is a co-operative partnership between SHIP, the Centre for Addiction and Mental Health, First Assessment Clinical Team (FACT), and the Canadian Mental Health Association (CMHA), Peel Branch. This program is offered to those clients who are transitioning from the FACT Peel Clinic. Referrals for this program are received through the FACT Peel clinic only.

- Assertive Community Treatment Teams – SHIP and CMHA/Peel

The ACT team is a multidisciplinary community mental health team comprised of mental health professionals from a variety of disciplines. Central Intake provides the intake service for both SHIP's ACT teams and for CMHA/Peel's ACT team. Applicants will be considered based on the eligibility criteria. Call Central Intake for more information.

What is the Process?

Acceptance into one of our programs is based on a two-part process;

1. A review of the application form and supporting documentation.
2. A face-to-face assessment by a support worker to determine eligibility.

Acceptance is also determined by the availability of appropriate housing and support services. It is very difficult to estimate the waiting time. All programs have waiting lists and are unable to provide emergency housing or priority placement. We will provide phone numbers for emergency shelters upon request. If you are found ineligible for service, an appeal process is available. Call Central Intake at 905-795-8742 for more information.

How Do I Apply?

Call Central Intake at 905-795-8742 to request an application.

Where Do I Send My Application?

Applications are accepted from self-referrals or referrals of community agencies, hospitals, and psychiatrists and should be mailed to:

Central Intake - Supportive Housing In Peel

969 Derry Road East, Unit 107, Mississauga, ON L5T 2J7

Telephone: (905) 795-8742

• Fax: (905) 795-1129

E-mail: intake@shipshey.ca

• E-mail: info@shipshey.ca

• Web site: www.shipshey.ca